IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Attorney Docket No.: **HA-84 (HAL-ID 179)**

Appl. No.: **09/886,591**

Applicants: **Joshua L. KOSLOV**

Filed: **June 21, 2001**

Title: **METHODS AND APPARATUS FOR IMPLEMENTING MULTI-TONE RECEIVERS**

TC/A.U.: **2637**

Examiner: **Sam K. Ahn**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

      In response to the Office Action dated November 30, 2004, which set a period for response to expire on February 28, 2005, please amend the above-identified application as follows:

      Amendments to the Specification begin on page 2 of this paper.

      Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

      Remarks/Arguments begin on page 11 of this paper.

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	Application or Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000	(Dmsc)HA-84

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20=	6
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=		OR	X$18=	108
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	818

CLAIMS AS AMENDED - PART II

2/08/05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	21	Minus	26	= —
Independent	7	Minus	3	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$9 25 =		OR	X$18 50 =	
X40 100 =		OR	X80 200 =	800
+135 180 =		OR	+270 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	800 pd

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.